Bureau of Medicine Surgery
Naval Medical Inspector General

01 December 2005 Volume 1, Number 2

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MEDINSGEN Message

This month's issue of the MEDINSGEN newsletter features several articles on program areas that we reviewed during recent inspections. Each covers a program that I am certain you are aware of, but as we travel throughout the Claimancy we have noted many cases where an activity is either not in compliance with existing directives or has an opportunity to "raise the bar" in program oversight. I also ask that you take a moment to assess how your command Occupational Safety and Health (OSH) programs are performing. Many of the findings noted during each inspection are OSH related and require your leadership to be effective.

As the year progresses, we will cover other programs that you need to review to ensure Navy Medicine activities are in compliance. You can also find additional information on the MEDINSGEN Inspection Program on the MEDINSGEN website within Naval Medicine Online (NMO).

Based on inspections over the last year, it is evident that you have been able to maintain the highest standards of care. Despite the challenges in manpower due to world events you continue to provide outstanding patient care to the many beneficiaries in your area(s) of responsibility. Many of you have been put to the test over the last year within Navy Medicine, as well as in Iraq, Afghanistan, Africa, with the fleet, and in expeditionary medical units serving with Sailors and Marines throughout the world. I thank you all for your continued service to our Navy and our Nation. It is our privilege here at the Medical Inspector General to serve you, your command and our beneficiaries.

RDML Christine M. Bruzek-Kohler, SHCE, USN

Naval Medical Inspector General

Patient Safety/Environment of Care

By LCDR Rich Masannat, MSC, USN
MEDINSGEN Staff

Commands are consistently incurring process and compliance issues in the areas of Patient Safety and Environment of Care. Medication management continues to top the list. This includes storage/security in clinical spaces, appropriateness reviews by a pharmacist, proper labeling and segregation of look-alike, sound-alike drugs, daily inventories, and accounting of controlled medicinals waste. Another critical area to be attentive to is your policy for unclear or illegible medication orders. Also, are you ensuring your providers have a thorough medical record to work from? JCAHO is finding numerous records lacking recent history and physicals and accurate problem summary lists. Don't overlook your Facilities Management program: ensure your Statement of Conditions (part 4) is updated and you have proactive hazard identification and abatement programs. Be sure your Equipment Management Plan includes contracted services and that you have an active preventive maintenance program. Much of what we find can be managed by developing measures of success for key safety and EOC processes, along with constant staff training and employing techniques such as EOC "rounds" to perform spot-checks.

Internet Resources

https://navymedicine.med.navy.mil/
MEDINSGEN website. After logging in, click on the "BUMED" tab at the top of the page and then select the "Medical Inspector General" link.

http://www.ig.navy.mil/index.htm
Naval Inspector General Website

http://www.jcaho.com/
Joint Commission on the Accreditation of Healthcare Organizations Website

Documentation of Competencies

By CDR Anna Riegle, NC, USN
MEDINSGEN Staff

During the past few inspections training records have been reviewed in various areas throughout the facilities. Staff may have to work in areas other than their assigned work place to cover staffing shortfalls. In most cases there was no documentation of any competencies to show that any cross-training to the area had been completed. It is imperative that documentation of cross-training and competencies be documented in training records or staff files. This is a matter of patient safety and risk management. If something happens to a patient and there is no documentation to show the person is competent to take care of that patient then the facility and that staff member are liable.

Changes in dental component of JCAHO surveys

By CAPT Mike Scholtz, DC, USN
MEDINSGEN Staff

With the completion of Navy Medicine's Medical-Dental integration the Joint Commission includes all dental services in its surveys at Naval Medical commands. In discussions with the Joint Commission, it was decided that the Joint Commission surveyors will assess the dental component at the Commands including the moderate sedation service, provision of care, treatment and services, environment of care, and organizational improvement during their assessments. The Medical Inspector General will ensure its Dental representative will either accompany surveyors during their assessment of the dental services or will act as a consultant if any questions arise in relation to any findings. If your organization has any questions concerning the Joint Commission in relation to the dental component of its surveys please feel free to contact CAPT Mike Scholtz at the MEDINSGEN with your inquiries or CAPT Langston Smith, Dental Operations, at BUMED.

Awards Tracking

By HMCM (SW) Ken Jones, USN
MEDINSGEN Staff

Many commands do not include in their tracking database to what directorate the members are assigned. This helps to track and trend awards across your directorates. Example: From focus groups we receive many complaints that it appears that staffs in administrative directorates tend to receive more awards because they are in charge of the program and know how to write awards really well. This may not always be true but by including an additional key element (i.e. directorate) in a commands tracking grid/database, potential problems can be identified early. In addition, elements that should be included in the database are Branch Health Clinic (if applicable); Gender, Race; Pay grade; Military (Off/Enl) or Civilian (GS/Contract) Rate (enlisted only, especially for non HM's). These metrics can be presented to the ESC/BOD quarterly to help ensure the command awards program is fair and equitable and can be tracked over time.

Access to Care

By CAPT Mark Turner, MC, USN
MEDINSGEN Staff

Based on multiple patient focus groups and surveys, “Access to Care” is a top patient concern. The simplicity of the appointing process and oversight of the appointment templates correlates strongly with improving access to care. At some commands, appointment templates are left solely to the clinics and it is unclear who is providing over-site to the appointment templates. Appointments are sometimes cancelled on a moments notice not because of higher authority but for leave and optional TAD. In addition, the use of multiple appointment types often sets up barriers to access because only patients with certain conditions can utilize those appointments resulting in unfilled appointments. Often, the number of available appointments and the number of available providers did not appear to match.

Access could potentially be improved further by assigning a primary point of contact for coordinating and implementing an Access to Care Program. In addition, appointments should be available for at least 6 weeks in advance to allow patients to plan ahead and obtain follow-up appointments and be monitored. Then open appointments can be monitored using the template analysis tool (TAT). By reducing appointment types (to wellness, open access, and for specialty clinics, procedures), patients with different needs can access the same appointment. Central appointing for primary care and new consults can streamline the appointing process and helps to provide oversight regarding appointment availability. In some cases software to monitor dropped calls of patients can assist with identifying access problems.

Several resources are available via the internet for commands to enhance access to care:

- Easy Access proposal outlined in the access module of the Business Planning Tool at https://triservicebps.afmoa.af.mil/splash.aspx
- Monitor the appointment templates and availability using the Template Analysis Tool (TAT) at http://toc.tma.osd.mil/DAP/tmaportal_login.html

Population Health and Clinical Quality

By CAPT Mark Turner, MC, USN
MEDINSGEN Staff

BUMED is using 4 HEDIS metrics to measure clinical quality. HEDIS is a tool created by the National Committee for Quality Assurance (NCQA) to collect data about the quality of care and services provided by the health plans. Those HEDIS metrics are Chronic Asthma Prophylaxis, Diabetes Management, Cholesterol Control, and Breast Health Care. These same four HEDIS metrics are reported to Congress on a yearly basis. These metrics are readily available on the web and provide action lists of individual patients to improve your metrics. In addition, tool sets are available to assist with implementation and they make an excellent process improvement tool-set to demonstrate to Joint Commission.
Some tips for success include establishing a point of contact that is responsible for clinical quality metrics and implementation at your command. Utilize the existing metrics available on the population health portal at https://pophealth.afms.mil/tsphp/login/login.cfm, and review your current HEDIS metrics. By providing feedback to primary care managers regarding their patients and assisting them with patient contacts (mailings, handouts and posters), providers will be able to focus on the four clinical quality metrics listed above.

Range Orders

By CAPT Ronald Sollock, MC, USN
MEDINSGEN Staff

Ambiguity, vagueness and variability are all factors that can contribute to mistakes and errors and that we strive daily to reduce, minimize or eliminate during our delivery of healthcare services. However, we continue to utilize a particular tool in medication management that embodies in its definition these very elements of concern: Range Orders. By definition, range orders provide a range of options for both administering a medication (i.e. diphenhydramine 25-50 mg every 4-6 hours) as well as dispensing a medication for an undefined indication (i.e. Mylanta 15-30 ml PRN).

Therefore, how does one reduce the potential for medication errors and concomitantly ensure compliance with the Joint Commission on Accreditation of Healthcare Organization standards regarding range orders? Institutions must establish policies and procedures ensuring that range orders are used for specific clinical situations. If a situation develops that is not specifically covered by the institution's policies, then individuals with appropriate clinical judgment and experience must apply the scope of the range orders to ensure that proper dosage/frequency of medication is administered based on an evaluation of the patient's condition, response to previous treatment, and expected response to the intervention enacted. If there is confusion or vagueness regarding the indication for an intervention, then individuals with appropriate clinical judgment and experience must evaluate the situation to determine if there is enough clarity in the range order to proceed with therapy. If there is doubt, action needs to be instituted to clarify the orders before administering any therapy to the patient.

Independent Duty Hospital Corpsman Program

By HMCM(SS) Steven Dennis, USN
MEDINSGEN Staff

Independent Duty Hospital Corpsman are an integral component of the Navy Medicine Team, valued as clinical health care extenders who also routinely fill leadership, training and high-visibility administrative positions. In our continued support in the War on Global Terrorism, Navy Medicine must continue to ensure these sailors are continuously trained to provide primary care medical support to operational units at sea and in remote or isolated environments independent of a Medical Officer. Our MTFs provide an excellent opportunity for the IDC to maintain their core competencies and learn new skills in the arena of health care delivery while at the same time providing covenant leadership to our junior enlisted personnel.

Commanders, Commanding Officers and Officers in Charge of fixed MTFs are responsible for maintaining a re-certification program for all assigned IDCs as outlined in OPNAVINST 6400.1B. This directive provides a comprehensive guideline for managing the program. The following is a list of elements the MEDINSGEN uses to ensure the IDC program is compliant at your command. While this list is not inclusive of all the requirements of OPNAVINST 6400.1B, it will allow you a quick "snap-shot" of your current program.

- Does the command have a written directive detailing the certification, training, and use of IDCs within the command?
- Is the program Director and Manager appointed in writing?
- Is the program director a senior medical officer with operational experience and understands the role of an IDC?
- Is the program manager a senior IDC with operational experience?

Navy Medicine Hotline

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- Are ALL IDCs attached to the command included in the certification program?
- Is a physician supervisor assigned for each IDC?
- Is there an IDC certification record and is it complete and current?
- Are health record reviews being accomplished in accordance with the directive?
- Is there semi-annual counseling documented that includes a Plan of Action and Milestone?
- Annually, did each IDC complete 12 Continuing Education Units (CEU)?

Taking a moment to review your organizations' compliance with the above will further enhance Navy Medicine's already exceptional service to our war fighters.

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